## AFFIDAVIT RELATIVE TO RESIDENTIAL SOLID WASTE FEE EXEMPTION

I, _____of_____.
Print name of owner/manager — Mailing address if different than property address

Being duly sworn, depose and say as follows: I (circle one) own or manage the property located at _____ _____, Salem, MA 01970 (hereinafter the "Premises") containing total # of _____ unit(s) you own. Property address location

The information set forth herein is true, to the best of my knowledge, information and belief.

Signed and sealed under the pains and penalties of perjury on the _____day of _____, 20_____.
Day — Month — Year

_____ _____
Owner/Manager's Signature — Daytime Phone Number

**I HEREBY STATE THAT THE PREMISES IS ELIGIBLE FOR THE EXEMPTION CHECKED (√) below:**

☐ **1) OWNER-OCCUPIED EXEMPTION**
I reside, as an owner-occupant, at Premises and as a result the Premises is exempt from the solid waste collection fee. My interest in the Premises is established by: _____.
(deed, trust, etc)

***If you satisfy this exemption please provide a copy of your driver's license and current phone or cable bill to City Hall Annex, 120 Washington Street, Fourth Floor, Salem, MA.***

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☐ **2) PRIVATE SOLID WASTE COLLECTION SERVICE/SELF DISPOSAL**
The Premises is serviced by a private solid waste collection company or I properly self dispose of the solid waste. I understand and acknowledge that I must notify the City in writing within five (5) business days if this Self Disposal or the Private Contract is terminated. ***If you satisfy this exemption please provide a copy of your Private Solid Waste pick-up or Self Disposal invoice and indicate if it is temporary or permanent below.***

Temporary_____ Permanent_____
SERVICE PROVIDER NAME — SERVICE PROVIDER NAME

_____ _____
DATE OF CONTRACT/PERIOD — DATE OF CONTRACT/PERIOD

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☐ **3) UNIT VACANCY**
Unit # _____of the Premises is vacant or will be vacant as of _____.
Specify unit(s) — Current date

Please specify up **to 3 months at a time ONLY, if known**: (NOTE: A new affidavit is required for every 3 month period.)

☐ January 2017 ☐ February 2017 ☐ March 2017
☐ April 2017 ☐ May 2017 ☐ June 2017
☐ July 2017 ☐ August 2017 ☐ September 2017
☐ October 2017 ☐ November 2017 ☐ December 2017

**Therefore, I am requesting a waiver of the monthly trash fee for Unit # _____.**
**I understand and acknowledge that the City of Salem will not issue a waiver of trash fees for any month that precedes the date this affidavit is submitted to the City. Further, I acknowledge and understand that the City has the right to issue a fine equal to twice the amount of the single unit fee for any false representations made by any individual concerning the vacancy status of a residential unit and that a new affidavit must be completed for each month the unit is vacant.**

**********FOR OFFICE USE ONLY**********

ADDRESS: _____ ACCOUNT NUMBER: _____

REASON FOR ABATEMENT: _____ PARCEL ID: _____

ORIGINAL TRASH BILL $_____ BILL NUMBER: _____ MONTH/YEAR: _____

AMOUNT ABATED $_____ BILL NUMBER: _____ MONTH/YEAR: _____

AMOUNT DUE $_____ BILL NUMBER: _____ MONTH/YEAR: _____